

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC -6 PM 2:45

DOCUMENT # P98000080526

1. Corporation Name

ACME Investments of N. FL., Inc.

2. Principal Office Address

340 14th Ave. S.

Suite, Apt. #, etc.

C

City & State

Jacksonville Beach, FL

Zip

32250

Country

U.S.A.

3. Mailing Office Address

340 14th Ave. S.

Suite, Apt. #, etc.

C

City & State

Jacksonville Beach, FL

Zip

32250

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

9-15-1998

5. FEI Number

593558801

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Christopher Langdon Snell

Street Address (P.O. Box Number is Not Acceptable)

340 14th Ave. S.

Suite, Apt. #, Etc.

C

City

Jacksonville Beach, FL

State

FL

Zip Code

32250

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Christopher L. Snell

REGISTERED AGENT MUST SIGN

Date 11-30-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Christopher Langdon Snell	340-14th Ave. S.	Jax Beach FL 32250

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Christopher L. Snell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-249-4004

Daytime Phone #

CR2E081 (9/99)

P98000080526

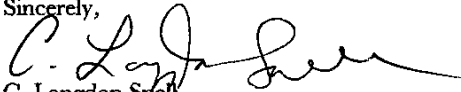
ACME Investments Of N. FL., Inc.
340-C 14th Ave. South
Jax Bch., FL 32250

To Whom It May Concern:

~~My original package for 1999 was returned back to the division of corporations by the post office,~~
therefore I never received the information in which to renew my corporation. When I recently inquired
into this matter, I was told to write a letter stating the aforementioned and enclose a check for the original
\$150 amount. I hope this will suffice, should you need additional information please contact me at 904-
860-2600.

Also, the address above is the correct location for all correspondence.

Sincerely,


C. Langdon Snell